

Registration District No. 913

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 949 Hamilton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 years (years, months or days)

3. (a) PRINT FULL NAME WILSON ALFRED PETERS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clary Peters 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased December 30 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Bradford Princeton (City, town, or county) (State or foreign country)

10. Usual occupation Father Miller

11. Industry or business Emm. R.R. & Reynolds Mfg. Co.

12. Name Thomas Peters

13. Birthplace Unknown Princeton (City, town, or county) (State or foreign country)

14. Maiden name Louisa Miller

15. Birthplace Unknown Princeton (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary T. Lederer

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Thiome

(b) Address Springfield, Missouri

19. (a) Jan. 3 1942 (Date received local registrar) (b) B. H. Hardy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield 949 Hamilton (If outside city or town limits, write "RURAL")
(d) Street No. 949 Hamilton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1942 hour 7:38 minute _____ A.M.

21. I hereby certify that I attended the deceased from 2-26-41 19____ to 1-2-42 19____

that I last saw him alive on 12-17-41 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease Duration 1 yr.

Due to Senility

Due to 938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. H. Simpson M.D. (M. D. or other) D

Address Springfield, Mo. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frederic C. Thorne

Licensed Embalmer No. *2899*

P. O. Address. *Spfld, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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